

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>12293</b>	2. Fiscal Year Covered From: <b>1 / 1 / 2004 Through: 12 / 31 / 2004</b>
3. Name and address of person filing Name <b>Josh McElvany</b>  P.O. Box, Bldg., Room No., if any  Street <b>1567A Co. Rd. 350N.</b>  City <b>Greenup</b>  State <b>IL</b> ZIP Code + 4 <b>62428</b>	4. Name, file number, and address of labor organization. Name <b>Laborers International Union of North America #159</b> Labor Organization File Number <b>001-576</b>  P.O. Box, Building and Room Number, if any  Street <b>2293 E. Zogan Street</b>  City <b>Decatur</b>  State <b>IL</b> ZIP Code + 4 <b>62526</b>
5. Position in labor organization. <b>Field Representative</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.          7.b. Amount.
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Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions.)

Signed

**Josh B. McElvany**

On

**8-12-05**

Date

**217-923-3946**

Telephone Number

Name of Person Filing <u>Josh B McElravy</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any)  
 Name Illinois Laborers' + Contractors Joint Apprenticeship + Training Program (ILCJATP)  
 Trade Name, if any:  
 P.O. Box, Bldg., Room No., if any  
 Street RR #3  
 City Mt. Sterling  
 State Illinois ZIP Code + 4

9. Business deals with:

- ☒ a. Labor Organization  
 b. Trust  
 c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name  
 Trade Name, if any:  
 P.O. Box, Bldg., Room No., if any  
 Street  
 City  
 State ZIP Code + 4

11.a. Nature of such dealing

ILCJATP provides room, meals and training for members and other labor officials

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Attended Public Employee Conference 9/17-19/2004 at which ILCJATP provided me with a room + meals

12.b. Amount.

80.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name  
 Trade Name, if any:  
 P.O. Box, Bldg., Room No., if any  
 Street  
 City  
 State ZIP Code + 4

14.a. Nature of payment

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

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3. Name and address of person filing.  Name <u>Josh McElravy</u>  P.O. Box, Bldg., Room No., if any  Street <u>1567A Co. Rd. 350N.</u>  City <u>Greenup</u>  State <u>IL</u> ZIP Code + 4 <u>62428</u>	4. Name, file number, and address of labor organization.  Name <u>Laborers International Union of</u> <u>North America #159</u> Labor Organization File Number <u>001-576</u>  P.O. Box, Building and Room Number, if any  Street <u>2293 E. Zogan Street</u>  City <u>Decatur</u>  State <u>IL</u> ZIP Code + 4 <u>62526</u>
5. Position in labor organization.  <u>Field Representative</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.     7.b. Amount.
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Signed

Josh B. McElravy

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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <u>Illinois Laborers' + Contractors Joint Apprenticeship + Training Program</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street <u>RR #3</u> City <u>Mt. Sterling</u> State <u>Illinois</u> ZIP Code + 4	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing <u>training center provides room &amp; meals, and training for members and other labor officials</u> <hr/> 11.b. Approximate dollar value of such dealing. <hr/> 12.a. Nature of interest held or income received. <u>attended leadership conference 2/9-12/04 at which ILCAJATP paid for my meals and room for 3 nights</u> <hr/> 12.b. Amount. <u>126.52</u>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment
13.b. Is the Business an Employer      or Consultant      ?	14.b. Amount of payment